



Westlake Alumni Transcript Request

WESTLAKE HIGH SCHOOL
27830 Hilliard Blvd. Westlake, OH 44145

Counseling Office: (440-835-6375) Fax: (440) 835-5572 C.E.E.B. Code: 365-450

Date of Request: _____ Year of Graduation: _____

A \$5 fee for each transcript must accompany the request (cash or check). Make checks payable to Westlake City Schools. Official transcripts will not be sent without payment.

Student's Name _____
(Please use name shown on school record)

Birth Date _____ Phone Number _____

Email Address _____

If the transcript is going directly to a graduate, it will be an UNOFFICIAL transcript

Please forward transcript to: (College/employer & address/email)

- | | |
|----------------------------|----------------------------|
| 1. _____

_____ | 2. _____

_____ |
| 3. _____

_____ | 4. _____

_____ |

****PLEASE ALLOW FIVE (5) WORKING DAYS TO PROCESS FORM ****

I hereby authorize Westlake High School to release the transcript of my academic record. Except as provided by law, a transcript is only released upon written consent of the student.

Date: _____

Signature: _____

No. of transcripts _____

Amount Enclosed _____

Mail this form and payment to: **WESTLAKE HIGH SCHOOL**
27830 Hilliard Blvd.
Westlake, OH 44145

For office use only:

Date Transcript Sent: _____ by _____